

Volunteer Application



Thank you for your interest in volunteering at Kinship Center. Kinship Center strives to ensure that all children have the strong families they need to thrive; that all families have the services they need to be successful; and that all professionals have access to educational resources they need to be effective. Unfortunately due to our scope of work, we have limited volunteer opportunities, however we do have occasional needs and will keep your application on file. For more information about our agency, please visit our website at www.kinshipcenter.org

Contact Information

Name	
Street Address	
City, ST, Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

Please indicate the days you are available to volunteer as well as the times.

Write in hours available each day		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	From							
	To							

Interests

Tell us in which areas you are interested in volunteering

Working with our Auxiliary

Tutoring

Fundraising Events

Program Events

Special Talents or Interests

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	